

MONTGOMERY
ENDODONTICS, P. C.

James J. Kamburis, D.M.D.

www.endoMontgomery.com

Practice Limited to Endodontics

Introducing _____
for Endodontic consideration of the following tooth (teeth).

Date: _____

UPPER RIGHT								UPPER LEFT							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
LOWER RIGHT								LOWER LEFT							

- Patient is symptomatic
 Radiograph reveals apical pathology
 Decay
- RCT
 Evaluation only

Remarks: _____

Your appointment is _____ at _____ a.m. / p.m.

When treatment is complete, please:

- Restore access opening as needed
 Replace temporary restoration
 Prepare for post

Signed Dr. _____

4240 North Carmichael Court
Montgomery, AL 36106
334.279.1210



SPECIALIST MEMBER

- Please bring this referral form with you to your appointment.
- Fees are due at the time of service.
- If you are unable to make your appointment, kindly give us 24 hours notice.
- Once treatment is completed, please return to your dentist for a permanent restoration.

